

CITY OF WHEELING HUMAN RIGHTS COMMISSION

GENERAL INFORMATION

Please Read

IMPORTANT

The City of Wheeling Human Rights Commission is empowered by ordinance to investigate complaints filed under the City of Wheeling Human Rights ordinance, as Amended. The City of Wheeling Human Rights Commission does not represent either side in the dispute during the investigative phase. The City of Wheeling Human Rights Commission expects full cooperation from all parties during the investigative phase.

Upon the filing of a formal complaint, the Commission will forward a copy of your complaint(s) to the individual and /or organization named in the complaint(s). The Commission will then commence an investigation into the allegation(s) raised. This investigation may involve interviewing witnesses, requesting appropriate documents, and visiting the facility in question.

After all relevant information is collected and examined; the investigating commissioner makes a recommendation as to the merits of the complaint. A Letter of Determination is sent to you and the individual and or organization named in the complaint.

There are two (2) possible determinations the Commission can issue after completion of an investigation:

- A) No Probable Cause: This means that there was insufficient evidence to support the allegation(s) raised in the complaint(s). An explanation as to why this conclusion was reached is contained in the Letter of Determination. The Letter of Determination will also explain how to request an administrative review of the Investigating Commissioner's ruling.
- B) Probable Cause: This means that there is reason to believe that you have been a victim of discrimination. It does not mean that the individual and/or organization charged is guilty of discrimination.

If a Probable Cause Determination is issued, the Commission will attempt to conciliate the case. The ordinance includes the provision that the Commission may agree to such settlement(s) with the person(s) and/or organization against whom the complaint is filed. A copy of the proposed settlement agreement will be provided to the Complainant.

Should the Complainant have specific objections to the proposed agreement said objections must be in writing and forwarded to the Commission within ten (10) days of the Complainant's receipt of the proposed agreement. If the objections are not met or are withdrawn within ten (10) days of the Commission's receipt, the Commission may limit the public hearing to the Commission's objections.

If conciliation fails, the case may be noticed for public hearing. This is similar to a trial.

The Complainant is entitled to hire an attorney to represent him/her at any time during the Commission's process. The Commission does not pay the Complainant's legal fees. However, should the Complainant prevail, the Commission may award attorney's fees.

The Human Rights Commission is empowered to grant specific types of relief to Complainants. Such relief for Employment, Housing, and Public Accommodation based complaints may include the following:

1. Back pay
2. Reinstatement into the position from which you were discharged, inclusive of all rights and benefits.
3. The position for which you applied and were denied.
4. Admittance/access to the facility and/or services from which you were denied.
5. Verbal and/or written apology.
6. Incidental damages not to exceed \$3,277.45. If an aggrieved party is seeking substantial damages, the proper forum to receive relief is the circuit court.

To assist the Commission during the investigation of your case, please let us know the name of the Investigating Commission with whom your complaint is filed, when you write or telephone our office.

Remember that the Commission's Staff should be able to construct an accurate complaint based on the information you have provided on the Background Information Form. Please type or print clearly.

CITY OF WHEELING HUMAN RIGHTS COMMISSION

INSTRUCTION SHEET

PLEASE READ CAREFULLY

Please be aware of the following:

1. You must file your complaint within 180 days after the most recent date of incident.
2. If you are filing an Employment Information Background Form, there must be twelve (12) or more employees employed by the Respondent within the City of Wheeling. The employer must have the facility located within the boundaries of the City of Wheeling and the complaint must have occurred within the boundaries of the City of Wheeling.
3. If you are filing a Housing or Public Accommodation Information Background Form, the discrimination must have occurred within the boundaries of the City of Wheeling.
4. You must provide the relevant date(s) of the incident(s) involved in your most recent problem. *Failure to do so will result in delays in processing your complaint.*
5. It will not be necessary to telephone our office after returning your Information Background Form.
6. The Commission Staff will inform you by letter if your complaint lacks jurisdiction under the City of Wheeling Human Rights ordinance, as Amended. An attempt will be made to refer you to proper agency or person who may be able to help you.
7. The Commission Staff may contact you for additional information necessary to prepare an official complaint on legal Commission forms if the Commission had jurisdiction in your case.
8. Please answer the questions on the attached form in the spaces provided. DO NOT add attachments or relative information in support of your allegation(s).

The City of Wheeling Human Rights Commission appreciates your patience and attention and we will do our best to serve you in any way we can.

(For Office Use Only)
Date of P.I. Contact _____
Type of Contact: T ___ L ___ WI ___
Contact Person _____

CITY OF WHEELING HUMAN RIGHTS COMMISSION
51 Sixteenth Street, 3rd Floor
Wheeling, WV 26003

TELEPHONE: (304) 234-3609

FAX: (304) 234-6415

TTD: (304) 234-3609

www.cityofwheelingwv.org/boards1.htm

EMPLOYMENT INFORMATION BACKGROUND FORM

THIS IS NOT A CONFIDENTIAL DOCUMENT. Please be advised that upon proper request, a copy of this questionnaire, containing answers and any statements you provide may be released to the person or firm you allege discriminated against you. Any documents attached to this form should be copies, not originals.

PLEASE FILL IN EACH BLANK TO THE BEST OF YOUR ABILITY AND RETURN TO THIS OFFICE. SOME SECTIONS MAY NOT APPLY TO YOUR COMPLAINT. IF SO, YOU MAY ANSWER N/A FOR NON-APPLICABLE.

DATE

DOCKET NUMBER (Office Use Only)

1. Your FULL name (Mr., Mrs., Ms.) _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Date of Birth _____ Age _____

Social Security Number _____ Sex _____ Race _____

National Origin/Ancestry _____

2. Name of Employer or individual against whom you wish to file. If the company headquarters are located in another city, provide the local city address and phone number. *The Commission cannot file a complaint against a Federal Agency. Federal Agencies are not recognized as employers. Failure to provide complete information regarding the employer or individual against whom you wish to file may result in delay in processing your complaint.*

**EMPLOYMENT INFORMATION
BACKGROUND FORM**

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The term “employer” means the City, or any political or civil subdivision thereof, and any person employing twelve (12) or more persons within the city for twenty (20) or more calendar weeks in the calendar year in which the act of discrimination allegedly took place or the preceding calendar year.

Name of Employer _____

Employer Address _____ Phone _____

City _____ County _____ State _____ Zip _____

Date you began employment _____ Total number of company employees _____

NOTE: Please include all Company branches within the City of Wheeling in your count. The City of Wheeling Human Rights Ordinance requires twelve (12) or more employees in the city in order for the Human Rights Commission to have jurisdiction.

Please state all job titles you have held in reverse chronological order beginning with your current or most recent position:

Please state your present or former job duties in reverse chronological order beginning with your current or most recent position:

Last date of employment _____. *If your employment has been terminated, please attach any documentation of termination such as a letter or memorandum. If you left your employment voluntarily, please state your reasons on attached page.*

Have you ever filed a complaint against this employer with this office? _____ If so, please state Date _____, Docket Number _____.

3. The City of Wheeling Human Rights Ordinance prohibits discrimination in the following areas. Which of the ten (10) area(s) below do you believe is/are the reason(s) for which you have been discriminated against? Please check ONLY the categories that you intend to base your complaint upon.

**EMPLOYMENT INFORMATION
BACKGROUND FORM**
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**THE CITY OF WHEELING HUMAN RIGHTS COMMISSION ONLY HAS
JURISDICTION TO INVESTIGATE CHARGES OF DISCRIMINATION IN THE
FOLLOWING AREAS: ONLY** fill in the blanks that are relevant to your case:

- A. **RACE** White_____ Black_____ Asian or Pacific Islander_____
Americian Indian or Alaskan Native_____ Bi-racial_____
Hispanic_____ Other_____
- B. **COLOR** _____
(State your color)
- C. **ANCESTRY** _____
(State your ancestry)
- D. **NATIONAL ORIGIN** _____
- E. **RELIGION** _____
(State Denomination)
- F. **Age** _____ please state your age. You must be forty (40) years
of age or older to file an age complaint.
- G. **SEX** Male_____ Female_____
a. Sexual Harassment_____
b. Pregnancy_____
c. Other_____
- H. **BLINDNESS** Legally_____ Partially_____ Total_____
**Persons shall be considered blind only if their central vision acuity is not greater than
twenty-two hundred (20/200) in the better eye with corrective lenses, or if their vision is
greater than twenty-two hundred (20/200) but is sometimes limited in the field of vision
not greater than twenty (20) degrees. Please submit a medical statement from your
physician indicating your vision limitation.*
- I. **DISABILITY**_____ **TYPE OF DISABILITY**_____
*You must submit a signed medical statement from your physician, which identifies your
disability in medical terms. This statement must indicate whether the disability is a
Physical or mental impairment and which major lift activity is affected. Failure to
provide this statement may result in delay in the processing of your complaint. In order
for the mental or physical impairment to qualify as a disability, the City of Wheeling
Human Rights Ordinance requires such impairment to limit a person's major life
activities. Temporary illnesses or injuries normally do not meet the definition of a
disability.*
- J. **RETALIATION** _____
The City of Wheeling Human Rights Ordinance prohibits employer actions in any
form of reprisal. It also prohibits discrimination against any person because he or she
has opposed any practice or acts forbidden under the Ordinance or because he or she
has filed a complaint, testified or assisted in any proceeding under the Ordinance.

**EMPLOYMENT INFORMATION
BACKGROUND FORM**

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4. What is your latest date of discrimination? Explain in detail what happened to you within the last 180 days. Check the appropriate issue and give the date of the most recent incident (use the sheet attached if necessary):

- A. Failure to hire _____ Date _____
B. Discharge/Termination _____ Date _____
C. Failure to reinstate after layoff, medical or other approved leave of absence: _____ Date _____
D. Suspension _____ Date _____
E. Forced Resignation _____ Date _____
(State specifics on attached sheet)
F. Forced maternity Leave _____ Date _____
G. Demotion _____ Date _____
H. Reduction in Wage _____ Date _____
I. Retaliation _____ Date _____

5. Please list the name(s) of individuals whose race, sex, age (under 40) etc. is different than your own who were treated differently than you were treated. Please give specific information or list the circumstances.

Name _____ Sex _____
Age (under 40) _____ Race _____

I have not commenced any action, civil, or criminal, based upon the cause of action set forth above except: _____

(X) _____
SIGNATURE OF COMPLAINANT

- Failure to Sign may result in delay of processing your complaint.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

NAME OF COMPLAINANT _____ DATE _____

Perhaps the most important aspect of our complaint procedure is the ability of our employees to contact you by telephone. Therefore, we ask you to fill in the information requested below in order that time delays may be avoided in attempting to contact you by telephone.

1. What is your telephone number (including area code)?

(____) - _____ - _____.

2. What is the best time of day to telephone you?

_____ AM/PM (circle one) to _____ AM/PM (choose one)

3. Can you be contacted by telephone at your present place of employment?

_____ Yes _____ No Lunch Hour _____

4. What is the best time of day to contact you at your place of employment?

_____ AM/PM (circle one) to _____ AM/PM (choose one)

5. If you cannot be telephoned at home or work, or even if you can, please provide the Commission with the name and telephone number (including area code) of a neighbor, friend, or relative who can always get a message to you quickly.

Name _____

Relationship to you _____

Telephone Number (____) - _____ - _____.

NOTE: Please advise this person that you have provided the Commission with their name and telephone number. Also, let them know that the Commission may contact them with a message for you, and that it is important to get the message to you quickly.

NOTICE

It is important for you to know that you have only 180 days from the date of the cause of harm to file a complaint with the City of Wheeling Human Rights Commission. For your further information, you have two (2) years from the date of the cause of harm to file a complaint with the Circuit Court in Ohio County.

All questions in this questionnaire are virally important to the Commission's staff in helping us to either construct your complaint or to refer you to other authorities who may help you with your problem. Failure to provide complete information to this Agency in a timely manner may result in the failure to bring in other claims or causes of action.

It is your duty to keep the Commission staff informed of any change in your employment status or any change in your address or contact information that relates to your claim.

Your cooperation is greatly appreciated.

EMPLOYMENT COMPLAINT